



**PAULS STRADINS
CLINICAL UNIVERSITY HOSPITAL**

CASE REPORT

**Alise Grāmatniece
Internal Medicine Residency**

**Riga, Latvia
2016**

53 years, female, admitted to ER 27.11.2014.

Tiredness

Increased sweating

Weakness in arm muscles

Weakness in leg muscles



Medical history of the disease (I)

Previously healthy woman.

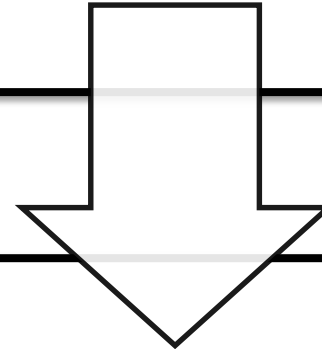
Tiredness. Weakness in legs and arms. Scaling erythema on the scalp.

Family doctor: Labs: N,

Dg: Vegetative dystonia. Psoriasis?

Rec: Dermatologist, rest.

April 2014



Progressive weakness in legs and arms. Tiredness.

Family doctor. Labs: N,

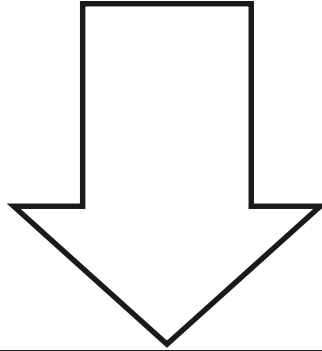
Dg: Vegetative dystonia.

Depression?

Rec: Psychologist. Neurologist?

August 2014

Medical history of the disease (II)



Neurologist: Tetraparesis, weakness in prox
leg and arm muscles. Labs: ASAT 76 U/l (<31
U/l)
Rec. ?

October 2014



Medical history of the disease (III)

- **Spine CT 06.11.2014.** Cervical spine spondylosis.
- **EMG 08.11.2014.** Symmetrical myositis patterns with myopathic motor unit action potentials in upper arm and upper leg muscles.

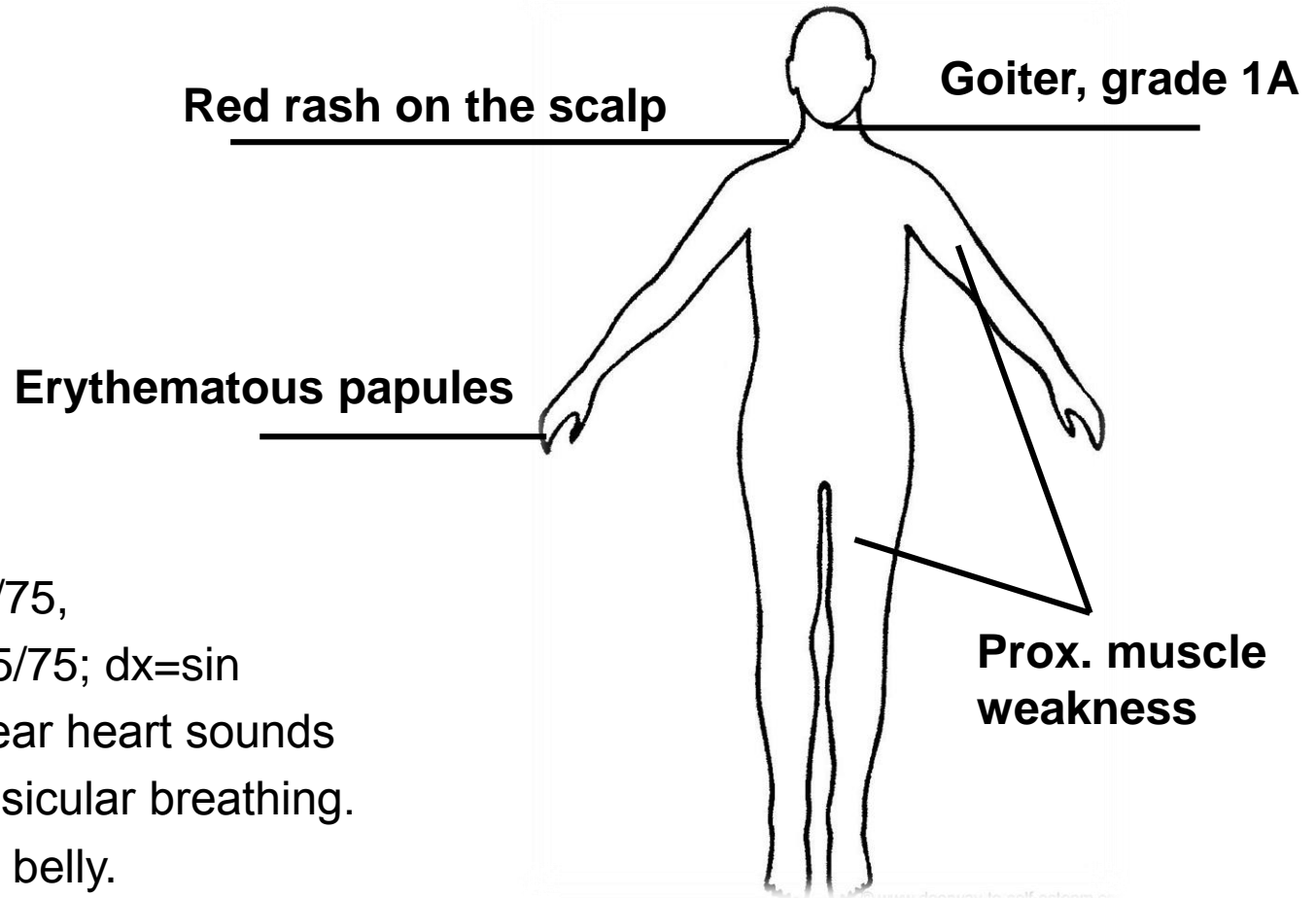
Medical history of the disease (IV)

– Biochemistry 20.11.2014.:

| | | |
|------|---------|--------------|
| CK | 14640 ↑ | 26 – 156 U/l |
| ALAT | 326 ↑ | 10-49 U/l |
| ASAT | 303 ↑ | <34U/l |

– Patient admitted to Pauls Stradins Clinical University Hospital.

Objective examination



Resting BP 120/75,
Standing BP 115/75; dx=sin
HR = 68/min, clear heart sounds
RR = 18/min, vesicular breathing.
Soft, non tender belly.
T = 36.8 C





| | |
|------|---------|
| CK | 14640 ↑ |
| ALAT | 326 ↑ |
| ASAT | 303 ↑ |



muscle weakness



myopathy patterns on EMG

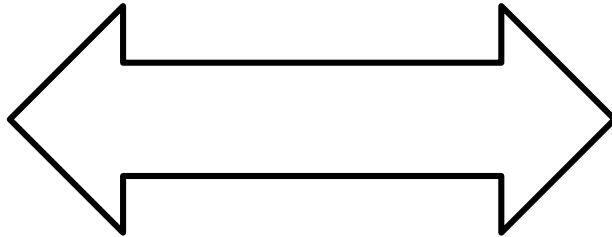


1. Symmetric proximal muscle weakness.
2. Elevation of serum skeletal muscle enzymes.
3. Changes in electromyography.
4. Muscle biopsy specimen abnormalities.
5. Typical skin rash of dermatomyositis.

Diagnostic criteria PM and DM

- 1. Symmetric proximal muscle weakness.**
- 2. Elevation of serum skeletal muscle enzymes.**
- 3. Changes in electromyography.**
- 4. Muscle biopsy specimen abnormalities.**
- 5. Typical skin rash of dermatomyositis.**

Dermatomyositis!



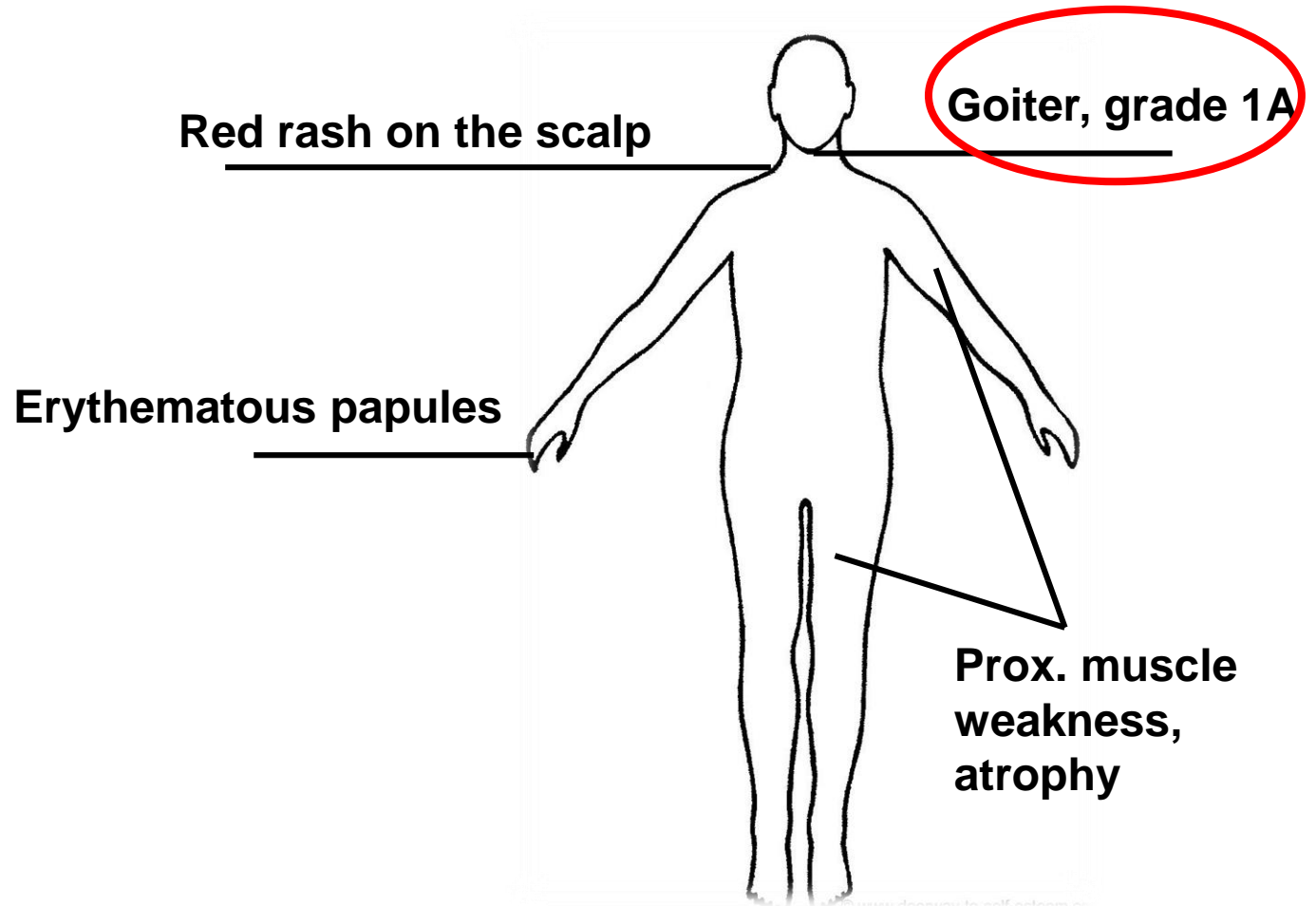
Malignancy?

- Cancer can be detected in approximately 30% of DM and 15% of PM patients.*



**Hill CL et al. Frequency of specific cancer types in dermatomyositis and polymyositis: a population-based study. Lancet 357(9250):96-100.;*

Objective examination

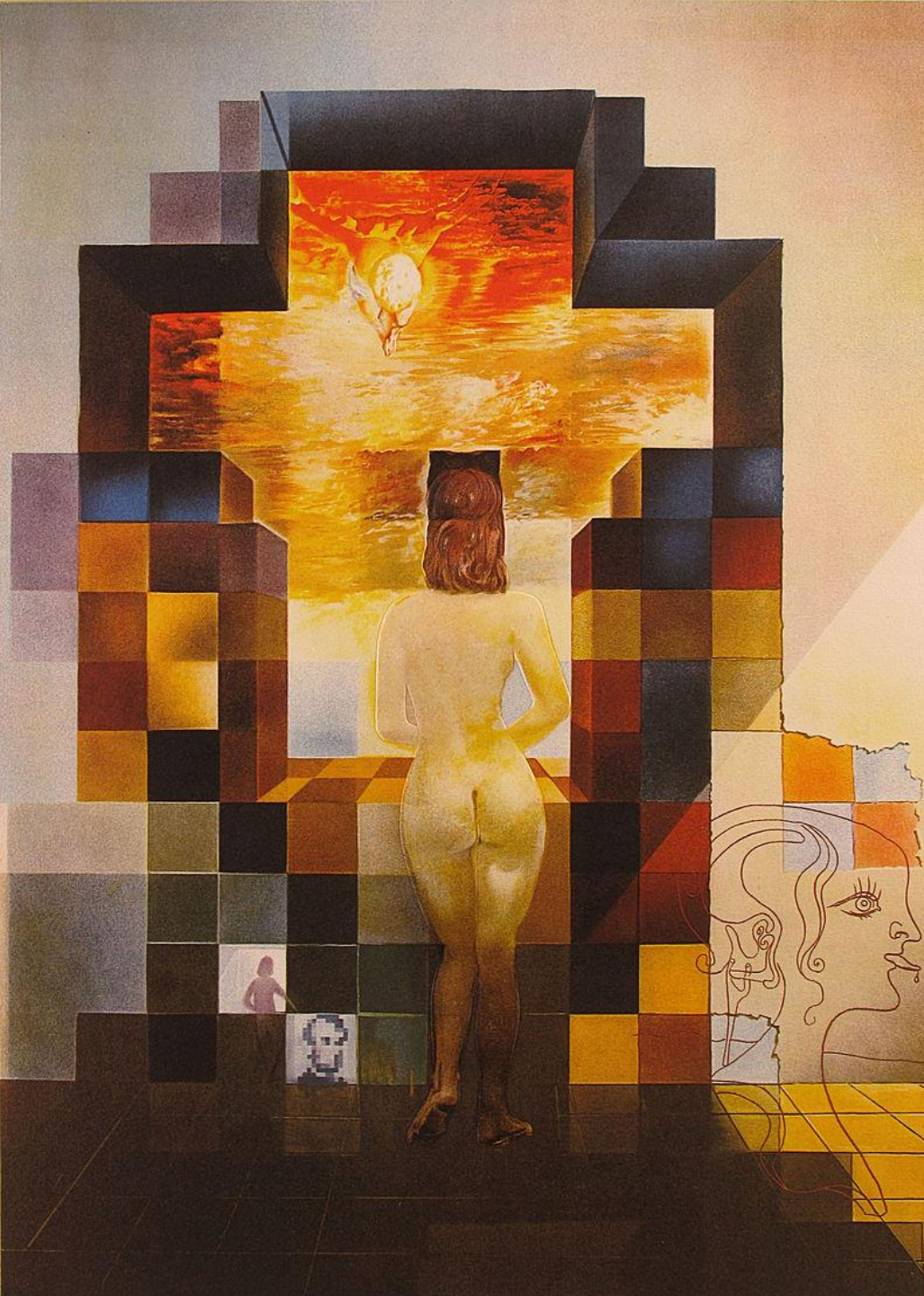


Results

- **Thyroid gland US**: Nodular goiter. One of nodules 1.2cm in the right lobe solid, hyperechoic with degenerative hypoechoic center, central hypervascularisation area.
- **FNAB** – Papillary thyroid carcinoma.
- **Thyroidectomy.**

Take home messages

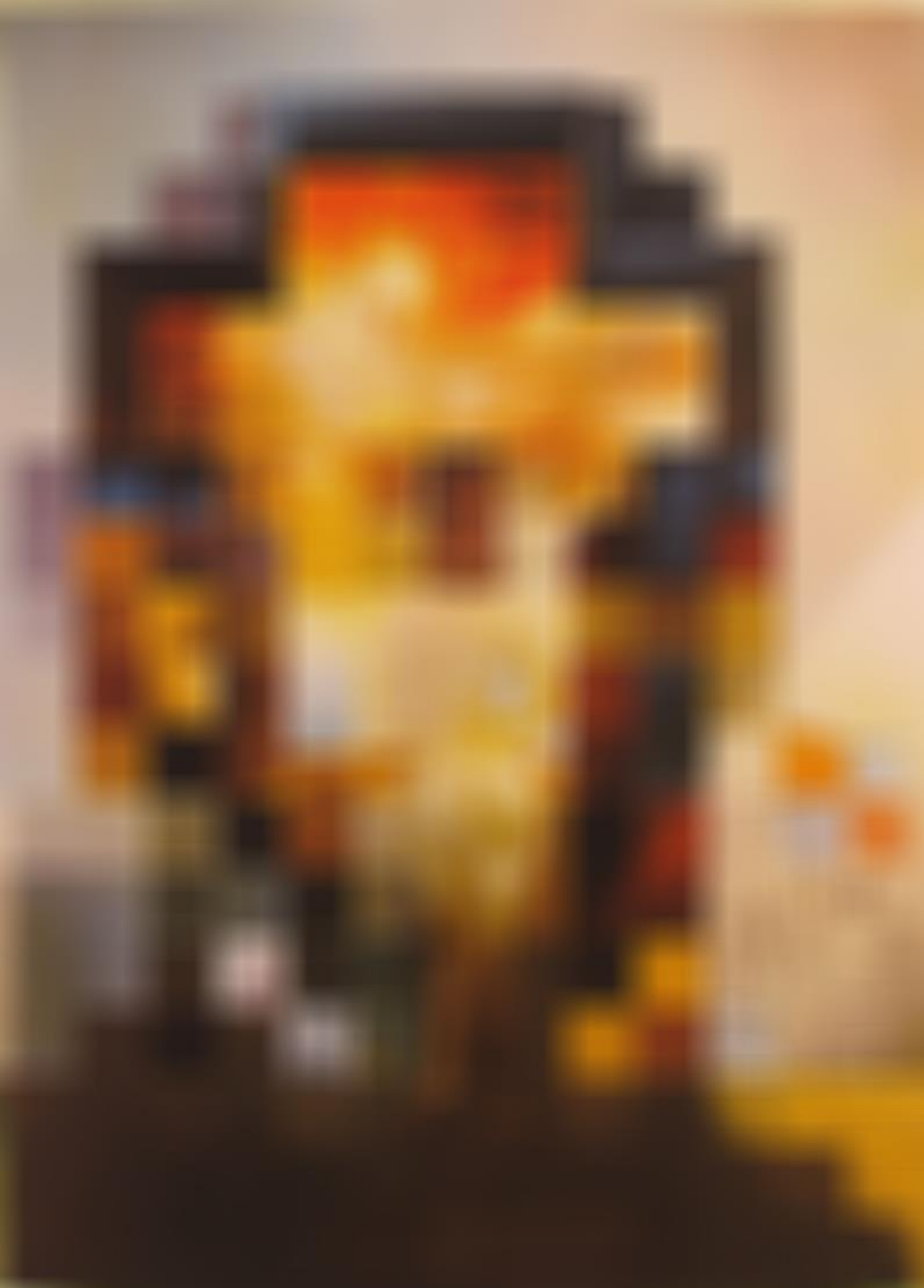
- Keep balance between hypo- and hyperdiagnostics;
- Polymyositis and dermatomyositis can mask a malignant disease, **exclude malignancy!**



Details create the
big picture.

Sanford I. Weill

Salvador Dalí "Lincoln in Dalivision"



**Thank you for
your
attention!**

Salvador Dali "Lincoln in Dalivision "